

The Kentucky Physical Activity Program is located within the Division of Adult and Child Health Improvement, Chronic Disease Prevention and Control Branch. The team focuses on physical activity and assists local and community efforts to address community needs in this area.

BACKGROUND

Federal fiscal year 2006 marks the twenty-fifth year the Cabinet for Health and Family Services has administered the Preventive Health and Health Services Block Grant (PHHSBG). Traditionally funds received through this grant supported a variety of services provided through Kentucky's local health departments.

The Preventive Health and Health Services Block Grant application is prepared under federal guidelines which require that states use funds for activities directed toward the achievement of the *National Health Promotion and Disease Prevention Objectives in Healthy People 2010*. Kentucky's method of allocating PHHSBG funds assures that these national objectives are addressed, as well as the objectives in *Healthy Kentuckians 2010 Prevention Initiative*.

Traditionally, the local health departments submitted a plan for the state fiscal year which was based on an assessment of local needs for general health education/promotion services. These plans identified which national and Kentucky 2010 health objectives were most important to be targeted locally. Unique local activities were planned to address each of these objectives.

As established by the Public Health Services Act, Section 1905 (d), the State Preventive Health Advisory Committee makes recommendations regarding the development and implementation of the State Plan/Application. In the spring of 2003 the State Preventive Health Advisory Committee recommended that PHHSBG funds would be most beneficial in impacting all the major chronic diseases if these funds were designated strictly to provide physical activity services.

STATE PROGRAM STRATEGY

Every local health department in the state of Kentucky receives Preventive Health and Health Services Block Grant funds to address physical activity within their communities. Each local health department is required to submit a yearly community-based plan and budget. The community-based plan identifies year 2010 objectives to be targeted and the strategies and interventions to be conducted to address each objective. The strategies from which the local health departments can choose are based on the recommendations by the Taskforce on Community Preventive Services to

increase physical activity as well as the Kentucky Physical Activity Committee's Best Practices Taskforce and the Kentucky Department for Public Health staff. Each recommendation is based on the strength of the evidence of effectiveness found during systematic reviews. The recommendations were considered as state staff developed the list of **evidence-based** interventions local health departments could choose to address physical activity in their communities.

STATE HEALTH PROBLEM

According to the 2002 Kentucky Behavioral Risk Factor Surveillance System (BRFSS), 26.6% of the adult population reported not participating in any type of leisure time physical activity. According to the 2001 BRFSS, 33.4% of the adult population reported not participating in any type of leisure time physical activity, 71.1% do not meet the recommended guidelines for moderate physical activity, and 89.1% do not participate in regular and sustained vigorous physical activity. (In 2001, the physical activity questions changed and can not be compared to data from previous years). For all three questions a higher percentage of females are sedentary compared to males. Also for all three questions, the prevalence of those who participate in the defined amount of physical activity increases with increasing education level and income level. Of Kentucky's fifteen area development districts (ADDs), the same five districts were at the top five positions for all three questions: Big Sandy, Kentucky River, Cumberland Valley, Fivco, and Lake Cumberland. These five districts make up the southeastern corner of the state.

DISPARATE POPULATION

The population in Kentucky at highest risk for being physically inactive is the individuals living in the Big Sandy, Kentucky River, Cumberland Valley, Fivco, and Lake Cumberland Area Development Districts.

FUNDING

During state fiscal year 2006 local health departments have designated \$2,174,380 to address physical inactivity in Kentucky. Of these funds \$1,028,989 has been designated to address physical activity in adults, \$576,886 to address physical activity in children and adolescents, \$75,688 to address access to physical activity facilities, and \$492,817 to address worksite physical activity. The funds used to support these activities come from various sources: \$489,000 of the funds are provided by the Preventive Health and Health Services Block Grant, \$411,000 of the funds are provided by the Maternal and Child Health Block Grant, and \$1,274,380 of the funds are flexible state and local dollars used at the discretion of the local health departments.